

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 19.31
(ID # 24453)

MEETING DATE:
Tuesday, September 17, 2024

FROM : TREASURER-TAX COLLECTOR

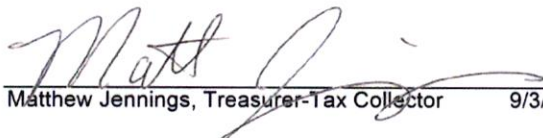
SUBJECT: TREASURER-TAX COLLECTOR: Public Hearing on the Recommendation for Distribution of Excess Proceeds for Tax Sale No. 217, Items 4801 & 4802. Last assessed to: Jose Gamboa and Maria Elida Young. District 4. [\$97,787-Fund 65595 Excess Proceeds from Tax Sale]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the claims from Asset Recovery, Inc., Assignee for Maria Elida Young, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 721252005 and 721252006;

Continued on Page 2

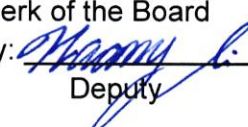
ACTION:Policy


Matthew Jennings, Treasurer-Tax Collector 9/3/2024

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Gutierrez and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Perez and Gutierrez
Nays: None
Absent: Spiegel
Date: September 17, 2024
xc: Tax Collector

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

RECOMMENDED MOTION: That the Board of Supervisors:

2. Approve the claims from Asset Recovery, Inc., Assignee for Maria Gamboa, heir to the Estate of Jose Gamboa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 721252005 and 721252006;
3. Approve the claims from Asset Recovery, Inc., Assignee for Gabriela Gamboa, heir to the Estate of Jose Gamboa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 721252005 and 721252006;
4. Approve the claims from Asset Recovery, Inc., Assignee for Jesus Gamboa, heir to the Estate of Jose Gamboa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 721252005 and 721252006;
5. Approve the claims from Asset Recovery, Inc., Assignee for Alejandro Gamboa, heir to the Estate of Jose Gamboa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 721252005 and 721252006;
6. Approve the claims from Asset Recovery, Inc., Assignee for Irma Gamboa Ornelas, heir to the Estate of Jose Gamboa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 721252005 and 721252006;
7. Approve the claims from Asset Recovery, Inc., Assignee for Maricela Gamboa, heir to the Estate of Jose Gamboa, last assessee for payment of excess proceeds resulting from the Tax Collector's public auction sale associated with parcels 721252005 and 721252006; and
8. Authorize and direct the Auditor-Controller to issue a warrant to Asset Recovery, Inc., Assignee for Maria Elida Young in the amount of \$48,893.36, to Asset Recovery, Inc., Assignee for Maria Gamboa, heir to the Estate of Jose Gamboa in the amount of \$8,148.90, to Asset Recovery, Inc., Assignee for Gabriela Gamboa, heir to the Estate of Jose Gamboa in the amount of \$8,148.90, to Asset Recovery, Inc., Assignee for Jesus Gamboa, heir to the Estate of Jose Gamboa in the amount of \$8,148.89, to Asset Recovery, Inc., Assignee for Alejandro Gamboa, heir to the Estate of Jose Gamboa in the amount of \$8,148.89, to Asset Recovery, Inc., Assignee for Irma Gamboa Ornelas, heir to the Estate of Jose Gamboa in the amount of \$8,148.89, and to Asset Recovery, Inc., Assignee for Maricela Gamboa, heir to the Estate of Jose Gamboa in the amount of \$8,148.89, no sooner than ninety days from the date of this order, unless an appeal has been filed in Superior Court, pursuant to the California Revenue and Taxation Code Section 4675.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 97,787	\$ 0	\$ 97,787	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Fund 65595 Excess Proceeds from Tax Sale.			Budget Adjustment:	N/A
			For Fiscal Year:	24/25

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In accordance with Section 3691 et seq. of the California Revenue and Taxation Code, and with prior approval of the Board of Supervisors, the Tax Collector conducted the May 18, 2021 public auction sale. The deed conveying title to the purchasers at the auction was recorded July 28, 2021. Further, as required by Section 4676 of the California Revenue and Taxation Code, notice of the right to claim excess proceeds was given on August 4, 2021 to parties of interest as defined in Section 4675 of said code. Parties of interest have been determined by an examination of Parties of Interest Reports, Assessor's and Recorder's records, as well as other, various research methods used to obtain current mailing addresses for these parties of interest.

The Treasurer-Tax Collector has received seven claims per parcel for excess proceeds:

1. Claims from Asset Recovery, Inc., Assignee for Maria Elida Young based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized July 27, 2021 and a Grant Deed recorded May 12, 2014 as Instrument No. 2014-0172492.
2. Claims from Asset Recovery, Inc., Assignee for Maria Gamboa, heir to the Estate of Jose Gamboa based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized July 21, 2021, a Grant Deed recorded May 12, 2014 as Instrument No. 2014-0172492, an Affidavit for Collection of Personal Property notarized July 21, 2021, and a Certificate of Death for Jose M. Gamboa.
3. Claims from Asset Recovery, Inc., Assignee for Gabriela Gamboa, heir to the Estate of Jose Gamboa based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized July 22, 2021, a Grant Deed recorded May 12, 2014 as Instrument No. 2014-0172492, an Affidavit for Collection of Personal Property notarized July 22, 2021, and a Certificate of Death for Jose M. Gamboa.
4. Claims from Asset Recovery, Inc., Assignee for Jesus Gamboa, heir to the Estate of Jose Gamboa based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized July 24, 2021, a Grant Deed recorded May 12, 2014 as Instrument No. 2014-0172492, an Affidavit for Collection of Personal Property notarized July 24, 2021, and a Certificate of Death for Jose M. Gamboa.
5. Claims from Asset Recovery, Inc., Assignee for Alejandro Gamboa, heir to the Estate of Jose Gamboa based on an Assignment of Rights to Claim Excess Proceeds from

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

- Sale of Tax-Defaulted Property notarized July 24, 2021, a Grant Deed recorded May 12, 2014 as Instrument No. 2014-0172492, an Affidavit for Collection of Personal Property notarized July 24, 2021, and a Certificate of Death for Jose M. Gamboa.
6. Claims from Asset Recovery, Inc., Assignee for Irma Gamboa Ornelas, heir to the Estate of Jose Gamboa based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized July 26, 2021, a Grant Deed recorded May 12, 2014 as Instrument No. 2014-0172492, an Affidavit for Collection of Personal Property notarized July 26, 2021, and a Certificate of Death for Jose M. Gamboa.
 7. Claims from Asset Recovery, Inc., Assignee for Maricela Gamboa, heir to the Estate of Jose Gamboa based on an Assignment of Rights to Claim Excess Proceeds from Sale of Tax-Defaulted Property notarized July 26, 2021, a Grant Deed recorded May 12, 2014 as Instrument No. 2014-0172492, an Affidavit for Collection of Personal Property notarized July 26, 2021, and a Certificate of Death for Jose M. Gamboa.

Pursuant to Section 4675 of the California Revenue and Taxation Code, it is the recommendation of this office that Asset Recovery, Inc., Assignee for Maria Elida Young be awarded excess proceeds in the amount of \$48,893.36, Asset Recovery, Inc., Assignee for Maria Gamboa, heir to the Estate of Jose Gamboa be awarded excess proceeds in the amount of \$8,148.90, Asset Recovery, Inc., Assignee for Gabriela Gamboa, heir to the Estate of Jose Gamboa be awarded excess proceeds in the amount of \$8,148.90, Asset Recovery, Inc., Assignee for Jesus Gamboa, heir to the Estate of Jose Gamboa be awarded excess proceeds in the amount of \$8,148.89, Asset Recovery, Inc., Assignee for Alejandro Gamboa, heir to the Estate of Jose Gamboa be awarded excess proceeds in the amount of \$8,148.89, Asset Recovery, Inc., Assignee for Irma Gamboa Ornelas, heir to the Estate of Jose Gamboa be awarded excess proceeds in the amount of \$8,148.89, and Asset Recovery, Inc., Assignee for Maricela Gamboa, heir to the Estate of Jose Gamboa be awarded excess proceeds in the amount of \$8,148.89. Supporting documentation has been provided. The Tax Collector requests approval of the above recommended motion. Notice of this recommendation was sent to the claimants by certified mail.

EP 217-4801	PIN # 721252005	\$ 18,299.51
EP 217-4802	PIN # 721252006	\$ 79,487.21
GRAND TOTAL:		\$ 97,786.72

Impact on Residents and Businesses

Excess proceeds will be released to a last assessee and the heir to estate of a last assessee of the properties.

ATTACHMENTS (if any, in this order):

ATTACHMENT A. Claim AssetMY

ATTACHMENT B. Claim AssetMG

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA

ATTACHMENT C. Claim AssetG

ATTACHMENT D. Claim AssetJ

ATTACHMENT E. Claim AssetA

ATTACHMENT F. Claim AssetI

ATTACHMENT G. Claim AssetM

Cesar Bernal
Cesar Bernal, PRINCIPAL MGMT ANALYST 9/4/2024

Aaron Gettis
Aaron Gettis, Chief of Deputy County Counsel 4/2/2024

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4801 Parcel Identification Number: 721252005

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
John Fox - Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4802 Parcel Identification Number: 721252006

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs: 98575 SURFSIDE AVE MECCA CA 92254

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

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I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Maria Elida Young hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 18 day of May 2021, and described as parcel number 721252006 & 721252005.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$99,502.00, and as a party of interest I am entitled to \$ up to \$99,502.00.

Dated this 27 day of July 2021 [Signature]
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California

COUNTY OF San Diego

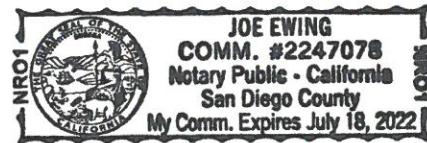
On JUL 27 2021 before me, Joe Ewing, Notary Public personally

appeared Maria Elida Young, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]
Signature



(Seal)

DECLARATION

I, Assignor(s) Maria Elida Young Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 721252006 & 721252005 from the public auction of tax-defaulted property held on 18 day of May 2021, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 7/27/21 Signature [Signature]
Name (print) MAKITA E-Young Address 1354 Avenida Pantera
City/State/zip Code San Marcos Ca. 92065 Phone (619-244-5602)

RECORDING REQUESTED BY
 Jose Gamboa and Maria Elida Young

AND WHEN RECORDED MAIL DOCUMENT AND
 TAX STATEMENT TO:
 NAME Jose Gamboa and Maria Elida Young

STREET PO BOX 623
 ADDRESS

CITY, STATE & Thermal
 ZIP CODE CA 92274

TITLE ORDER NO. _____
 ESCROW NO. _____

DOC # 2014-0172492
 05/12/2014 03:50P Fee: 18.00
 Page 1 of 2
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



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817

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

20.50

GRANT DEED

TRA: _____
 APN: 721-252-006-5 & 721252-005

The undersigned grantor(s) declare(s) 0.00
 DOCUMENTARY TRANSFER TAX \$ _____
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.
 Unincorporated Area City of _____

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) Jose Gamboa a un married man and Maria Elida Young, and Irma Gamboa Ornelas, a married woman's as their sole and separated property

(NAME OF GRANTOR(S))

hereby remise, release and grant to ***** JOSE GAMBOA and MARIA ELIDA YOUNG

(NAME OF GRANTEE(S))

the following described real property in the City of _____, County of RIVERSIDE, State of CALIFORNIA

(Insert Legal Description)

LOT 29 AND 30 OF TRACT 2337 AS PER MAPO RECORDED IN BOOK 43, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

Jose Gamboa
 JOSE GAMBOA

DATED: 03/20/2014

Irma Gamboa Ornelas
MARIA ELIDA YOUNG
 MARIA ELIDA YOUNG

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE }

On 03/20/2014 before me, OSCAR BOLANOS "NOTARY PUBLIC" personally appeared
 (here insert name and title of the officer)

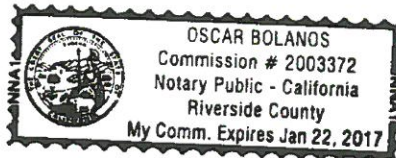
JOSE GAMBOA, AND IRMA GAMBOA ORNELAS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Oscar Bolanos (SEAL)



MAIL TAX STATEMENT AS DIRECTED ABOVE

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Riverside

On May 6, 2014 before me, Maria L. Olson, Notary Public
(Here insert name and title of the officer)

personally appeared maria Elida Young

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

M. Olson

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
<u>Grant Deed</u> <small>(Title or description of attached document)</small>
<small>(Title or description of attached document continued)</small>
Number of Pages <u>1</u> Document Date <u>3/20/14</u>
<small>(Additional information)</small>

CAPACITY CLAIMED BY THE SIGNER
<input type="checkbox"/> Individual (s)
<input type="checkbox"/> Corporate Officer
<small>(Title)</small>
<input checked="" type="checkbox"/> Partner(s)
<input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Trustee(s)
<input type="checkbox"/> Other



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4801 Parcel Identification Number: 721252005

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4802 Parcel Identification Number: 721252006

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs: 98575 SURFSIDE AVE MECCA CA 92254

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREASURER-TAX COLLECTION

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
John Fox - Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Maria Gamboa hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 18 day of May 2021, and described as parcel number 721252006 & 721252005.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 99,502.00, and as a party of interest I am entitled to \$ up to \$99,502.00.

Dated this 21st day of July, mytel
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California

COUNTY OF Kern

On JUL 21 2021 before me, Violeta Lopez
Notary Public personally

appeared Maria Gamboa, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]

Signature



(Seal)

DECLARATION

I, Assignor(s) Maria Gamboa Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 721252006 & 721252005 from the public auction of tax-defaulted property held on 18 day of May 2021, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 07-21-21 Signature mytel
Name (print) Maria Y. Gamboa Address 8201 Camino Media #61
City/State/zip Code Bakersfield, CA. 93311 Phone (661) 747-6926

RECORDING REQUESTED BY
 Jose Gamboa and Maria Elida Young

AND WHEN RECORDED MAIL DOCUMENT AND
 TAX STATEMENT TO:

NAME Jose Gamboa and Maria Elida Young

STREET PO BOX 623
 ADDRESS

CITY, STATE & Thermal
 ZIP CODE CA 92274

TITLE ORDER NO. _____

ESCROW NO. _____

DOC # 2014-0172492
 05/12/2014 03:50P Fee:18.00
 Page 1 of 2
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
1			2						8.50
M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
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C
817

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY 20.50

GRANT DEED

TRA: _____
 APN: 721-252-006-5 & 721252-005

The undersigned grantor(s) declare(s) 0.00
 DOCUMENTARY TRANSFER TAX \$ _____
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.
 Unincorporated Area City of _____

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) Jose Gamboa a un married man and Maria Elida Young, and Irma Gamboa Ornelas, a married woman's as their sole and separated property
 (NAME OF GRANTOR(S))

hereby remise, release and grant to ***** JOSE GAMBOA and MARIA ELIDA YOUNG
 (NAME OF GRANTEE(S))

the following described real property in the City of _____, County of RIVERSIDE,
 State of CALIFORNIA

(Insert Legal Description)
LOT 29 AND 30 OF TRACT 2337 AS PER MAPO RECORDED IN BOOK 43, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

Jose Gamboa
 JOSE GAMBOA

Irma Gamboa Ornelas
 IRMA GAMBOA ORNELAS

Maria Elida Young
 MARIA ELIDA YOUNG

DATED: 03/20/2014

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE }

On 03/20/2014 before me, OSCAR BOLANOS "NOTARY PUBLIC" personally appeared
 (here insert name and title of the officer)
JOSE GAMBOA, AND IRMA GAMBOA ORNELAS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
 WITNESS my hand and official seal.

Signature Oscar Bolanos (SEAL)



MAIL TAX STATEMENT AS DIRECTED ABOVE

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Riverside

On May 6, 2014 before me, Maria L. Olson, Notary Public
(Here insert name and title of the officer)

personally appeared Maria Elida Young

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

M. Olson

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
<u>Grant Deed</u> <small>(Title or description of attached document)</small>
<small>(Title or description of attached document continued)</small>
Number of Pages <u>1</u> Document Date <u>3/30/14</u>
<small>(Additional information)</small>

CAPACITY CLAIMED BY THE SIGNER
<input type="checkbox"/> Individual (s)
<input type="checkbox"/> Corporate Officer
<small>(Title)</small>
<input type="checkbox"/> Partner(s)
<input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Trustee(s)
<input type="checkbox"/> Other



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052014110917

CERTIFICATE OF DEATH

3201433006572

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO BRUISES, WHITEOUTS OR ALTERATIONS (S-1 REV. 5/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) JOSE		2. MIDDLE M.		3. LAST (Family) GAMBOA	
AKA, ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/29/1952		5. AGE Yrs. 61 <small>IF UNDER ONE YEAR: Months Days</small> <small>IF UNDER 24 HOURS: Hours Minutes</small>	
9. BIRTH STATE/FOREIGN COUNTRY MEXICO		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP—(at Time of Death) DIVORCED	
13. EDUCATION—Highest Level/Degree (See worksheet on back) 00		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		7. DATE OF DEATH mm/dd/yyyy 06/12/2014	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED LABORER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE		8. HOUR (24 Hours) 0526	
20. DECEDENT'S RESIDENCE (Street and number, or location) 98575 SURFSIDE AVENUE		21. CITY NORTH SHORE		22. COUNTY/PROVINCE RIVERSIDE	
23. ZIP CODE 92254		24. YEARS IN COUNTY 20		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP MARICELA GARCIA, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1112 SERINIDAD WAY, ARVIN, CA 93203			
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT—FIRST MARTIN		32. MIDDLE		34. BIRTH STATE MEXICO	
33. NAME OF MOTHER/PARENT—FIRST CALISTRA		36. MIDDLE		38. BIRTH STATE MEXICO	
35. NAME OF MOTHER/PARENT—FIRST CALISTRA		37. MIDDLE		37. LAST (BIRTH NAME) MEDRANO	
39. DISPOSITION DATE mm/dd/yyyy 06/18/2014		40. PLACE OF FINAL DISPOSITION RES. MARICELA GARCIA 1112 SERINIDAD WAY, ARVIN, CA 93203			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EXAMINER BRENDA LAFOSSE		43. LICENSE NUMBER EMB9240	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARK & MORTUARIES		45. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		47. DATE mm/dd/yyyy 06/17/2014	
101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1150 NORTH INDIAN CANYON DRIVE		106. CITY PALM SPRINGS	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) W CARDIAC ARREST Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST R RESPIRATORY ARREST C INTRACEREBRAL HEMORRHAGE D ISCHEMIC STROKE		108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reason: _____ (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. RIGHT INTRACRANIAL INTERNAL CAROTID ARTERY AND MIDDLE CEREBRAL ARTERY ANGIOPLASTY - 06/03/2014		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____ 06/09/2014 06/12/2014		115. SIGNATURE AND TITLE OF CERTIFIER GLENN MARK FISCHBERG M.D.	
116. LICENSE NUMBER 06/16/2014		117. DATE mm/dd/yyyy 06/16/2014		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GLENN MARK FISCHBERG M.D. 1180 NORTH INDIAN CANYON DRIVE, SUITE W214, PALM SPRINGS, CA 92262	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENBUS TRACT	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED **Jul 2, 2014**

Dr. Cameron Kaiser, M.D., Health Officer
 RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Jose Gamboa _____ died on June 12, 2014, in the County of Riverside, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

5. An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at Mecca CA 92254 & 98575 Surfside Ave Mecca CA 92254 known as parcel numbers 721252006 & 721252005.

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:

Maria Gamboa; Gabriela Gamboa; Alejandro Gamboa; Jesus Gamboa; Maricela Garcia;
Erma Gonzales (all surviving siblings of Jose Gamboa)

8. The undersigned _____
Children

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 07-21-21

Signed: _____
mytel

_____ Maria Gamboa

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Kern)

Violeta Lopez
Notary Public

On JUL 21 2021 before me, _____
(insert name and title of the officer)

personally appeared Maria Gamboa who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4801 Parcel Identification Number: 721252005

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS. TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4802 Parcel Identification Number: 721252006

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs: 98575 SURFSIDE AVE MECCA CA 92254

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS. TAX COLLECTION

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Gabriela Gamboa hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 18 day of May 2021, and described as parcel number 721252006 & 721252005.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 99,502.00, and as a party of interest I am entitled to \$ up to \$99,502.00.

Dated this 22 day of July 2021, [Signature]
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California

COUNTY OF Kern

Violeta Lopez
Notary Public

On JUL 22 2021 before me, _____ personally

appeared Gabriela Gamboa, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]
Signature



(Seal)

DECLARATION

I, Assignor(s) Gabriela Gamboa Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 721252006 & 721252005 from the public auction of tax-defaulted property held on 18 day of May 2021, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 7/22/2021 Signature [Signature]
Name (print) Gabriela Gamboa Address 1208 Fairview Rd Apt 4C
City/State/zip Code Bakersfield CA 93307 Phone (661) 404 6376

RECORDING REQUESTED BY
Jose Gamboa and Maria Elida Young

AND WHEN RECORDED MAIL DOCUMENT AND
TAX STATEMENT TO:

NAME Jose Gamboa and Maria Elida Young

STREET PO BOX 623
ADDRESS

CITY, STATE & Thermal
ZIP CODE CA 92274

TITLE ORDER NO. _____

ESCROW NO. _____

DOC # 2014-0172492

05/12/2014 03:50P Fee: 18.00

Page 1 of 2

Recorded in Official Records

County of Riverside

Larry U. Ward

Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
1			2						8.50
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C
817

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

20.50

GRANT DEED

TRA: _____

APN: 721-252-006-5 & 721252-005

The undersigned grantor(s) declare(s) 0.00

DOCUMENTARY TRANSFER TAX \$ _____

- computed on full value of property conveyed, or
- computed on full value less liens and encumbrances remaining at time of sale.
- Unincorporated Area City of _____

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) Jose Gamboa a un married man and Maria Elida Young, and Irma Gamboa Ornelas, a married woman's as their sole and separated property

(NAME OF GRANTOR(S))

hereby remise, release and grant to ***** JOSE GAMBOA and MARIA ELIDA YOUNG

(NAME OF GRANTEE(S))

the following described real property in the City of _____, County of RIVERSIDE, State of CALIFORNIA

(Insert Legal Description)

LOT 29 AND 30 OF TRACT 2337 AS PER MAPO RECORDED IN BOOK 43, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

DATED: 03/20/2014

Jose Gamboa
JOSE GAMBOA

Irma Gamboa Ornelas
IRMA GAMBOA ORNELAS
Maria Elida Young
MARIA ELIDA YOUNG

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE }

On 03/20/2014 before me, OSCAR BOLANOS "NOTARY PUBLIC" personally appeared
(here insert name and title of the officer)

JOSE GAMBOA, AND IRMA GAMBOA ORNELAS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Oscar Bolanos (SEAL)



MAIL TAX STATEMENT AS DIRECTED ABOVE

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Riverside

On May 6, 2014 before me, Maria L. Olson, Notary Public
(Here insert name and title of the officer)

personally appeared Maria Elida Young

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Maria L. Olson

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Grant Deed

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 3/20/14

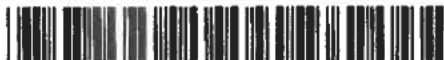
(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____



2014-0172492
85/12/2014 03:50P
2 of 2

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052014110917

CERTIFICATE OF DEATH

3201433006572

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSE		3. LAST (Family) GAMBOA	
2. MIDDLE M.		4. DATE OF BIRTH mm/dd/yyyy 09/29/1952	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 61	
6. BIRTH STATE/FOREIGN COUNTRY MEXICO		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 00		12. MARITAL STATUS/GRDIP* (at Time of Death) DIVORCED	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		7. DATE OF DEATH mm/dd/yyyy 06/12/2014	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LABORER		8. HOUR (24 Hours) 0526	
20. DECEDENT'S RESIDENCE (Street and number, or location) 98575 SURFSIDE AVENUE		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
21. CITY NORTH SHORE		19. YEARS IN OCCUPATION 40	
22. COUNTY/PROVINCE RIVERSIDE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE	
23. ZIP CODE 92254		24. YEARS IN COUNTY 20	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MARICELA GARCIA, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1112 SERINIDAD WAY, ARVIN, CA 93203		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST MARTIN		32. MIDDLE -	
33. LAST GAMBOA		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER/PARENT - FIRST CALISTRA		36. MIDDLE -	
37. LAST (BIRTH NAME) MEDRANO		38. BIRTH STATE MEXICO	
39. DISPOSITION DATE mm/dd/yyyy 06/18/2014		40. PLACE OF FINAL DISPOSITION RES. MARICELA GARCIA 1112 SERINIDAD WAY, ARVIN, CA 93203	
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMERALGEMER BRENDA LAFOSSE	
43. LICENSE NUMBER EMB9240		44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARK & MORTUARIES	
45. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		46. DATE mm/dd/yyyy 06/17/2014	
101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA	
104. COUNTY RIVERSIDE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1150 NORTH INDIAN CANYON DRIVE		106. CITY PALM SPRINGS	
107. CAUSE OF DEATH Enter this chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) RESPIRATORY ARREST (C) INTRACEREBRAL HEMORRHAGE (D) ISCHEMIC STROKE		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) MINS. (C) DAYS (D) DAYS	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. RIGHT INTRACRANIAL INTERNAL CAROTID ARTERY AND MIDDLE CEREBRAL ARTERY ANGIOPLASTY - 06/03/2014		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy 06/09/2014 Decedent Last Seen Alive: mm/dd/yyyy 06/12/2014		115. SIGNATURE AND TITLE OF CERTIFIER GLENN MARK FISCHBERG M.D.	
116. LICENSE NUMBER 06/16/2014		117. DATE mm/dd/yyyy 06/16/2014	
118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. INJURY DATE mm/dd/yyyy		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH. CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED **Jul 2, 2014**

Dr. Cameron Kaiser, M.D., Health Officer
 RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Jose Gamboa died on 6/12, 2014, in the County of Riverside, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

5. An inventory and appraisal of the real property included in the decedent's estate is attached.
 There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at Mecca CA 92254 & 98575 Surfside Ave Mecca CA 92254 known as parcel numbers 721252006 & 721252005.

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:

~~Maria Elida Young (cousin);~~ Maria Gamboa; Gabriela Gamboa; Alejandro Gamboa; Jesus Gamboa; Maricela Garcia; Erma Gonzales (all surviving siblings of Jose Gamboa)

8. The undersigned children

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 7/22/2021

Signed: 

Gabriela Gamboa

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Kern

Violeta Lopez
Notary Public

On JUL 22 2021 before me, _____
(insert name and title of the officer)

personally appeared Gabriela Gamboa who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____



(Seal)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4801 Parcel Identification Number: 721252005

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREASURER-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4802 Parcel Identification Number: 721252006

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs: 98575 SURFSIDE AVE MECCA CA 92254

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS. TAX COLLECTION

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Jesus Gamboa hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 18 day of May 2021, and described as parcel number 721252006 & 721252005.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 99,502.00, and as a party of interest I am entitled to \$ up to \$99,502.00.

Dated this 24 day of July 2021, [Signature]
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California

COUNTY OF Kern

Violeta Lopez
Notary Public

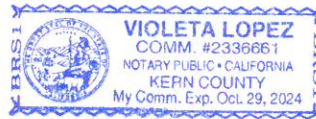
On JUL 24 2021 before me, _____ personally

appeared Jesus Gamboa, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]
Signature



(Seal)

DECLARATION

I, Assignor(s) Jesus Gamboa Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 721252006 & 721252005 from the public auction of tax-defaulted property held on 18 day of May 2021, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 7-24-21 Signature [Signature]
Name (print) Jesus Gamboa Address 6906 Englefield Dr
City/State/zip Code Bakersfield CA 93307 Phone (661) 809-7389

RECORDING REQUESTED BY
Jose Gamboa and Maria Elida Young

AND WHEN RECORDED MAIL DOCUMENT AND
TAX STATEMENT TO:

NAME Jose Gamboa and Maria Elida Young

STREET PO BOX 623
ADDRESS

CITY, STATE & Thermal
ZIP CODE CA 92274

TITLE ORDER NO. _____

ESCROW NO. _____

DOC # 2014-0172492
05/12/2014 03:50P Fee:18.00

Page 1 of 2
Recorded in Official Records
County of Riverside
Larry W. Ward
Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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C
817

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

GRANT DEED

TRA: _____

APN: 721-252-006-5 & 721252-005

The undersigned grantor(s) declare(s) 0.00

DOCUMENTARY TRANSFER TAX \$ _____

- computed on full value of property conveyed, or
- computed on full value less liens and encumbrances remaining at time of sale.
- Unincorporated Area City of _____

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) Jose Gamboa a un married man and Maria Elida Young, and Irma Gamboa Ornelas, a married woman's as their sole and separated property

(NAME OF GRANTOR(S))

hereby remise, release and grant to ***** JOSE GAMBOA and MARIA ELIDA YOUNG

(NAME OF GRANTEE(S))

the following described real property in the City of _____, County of RIVERSIDE,
State of CALIFORNIA

(Insert Legal Description)

LOT 29 AND 30 OF TRACT 2337 AS PER MAPO RECORDED IN BOOK 43, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

DATED: 03/20/2014

Jose Gamboa
JOSE GAMBOA

Irma Gamboa Ornelas
IRMA GAMBOA ORNELAS

Maria Elida Young
MARIA ELIDA YOUNG

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE }

On 03/20/2014 before me, OSCAR BOLANOS "NOTARY PUBLIC" personally appeared
(here insert name and title of the officer)

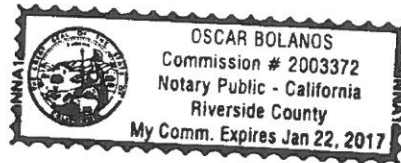
JOSE GAMBOA, AND IRMA GAMBOA ORNELAS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Oscar Bolanos (SEAL)



MAIL TAX STATEMENT AS DIRECTED ABOVE

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Riverside

On May 6, 2014 before me, Maria L. Olson, Notary Public
(Here insert name and title of the officer)

personally appeared maria Elida Young

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

M. Olson

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
<u>Grant Deed</u> <small>(Title or description of attached document)</small>
<small>(Title or description of attached document continued)</small>
Number of Pages <u>1</u> Document Date <u>3/20/14</u>
<small>(Additional information)</small>

CAPACITY CLAIMED BY THE SIGNER
<input type="checkbox"/> Individual (s)
<input type="checkbox"/> Corporate Officer
<small>(Title)</small>
<input type="checkbox"/> Partner(s)
<input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Trustee(s)
<input type="checkbox"/> Other



2014-0172492
85/12/2014 03:59P
2 of 2

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014110917

CERTIFICATE OF DEATH

3201433006572

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15 - 10695 (2/06)</small>				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOSE		2. MIDDLE M.		3. LAST (Family) GAMBOA			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/29/1952		5. AGE Yrs. 61		6. SEX M	
9. BIRTH STATE-FOREIGN COUNTRY MEXICO		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 06/12/2014	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 00		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) CAUCASIAN		8. HOUR (24 Hours) 0526	
17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED LABORER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE		19. YEARS IN OCCUPATION 40			
20. DECEDENT'S RESIDENCE (Street and number, or location) 98575 SURFSIDE AVENUE							
21. CITY NORTH SHORE		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92254		24. YEARS IN COUNTY 20	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MARICELA GARCIA, DAUGHTER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1112 SERINIDAD WAY, ARVIN, CA 93203							
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST MARTIN		32. MIDDLE -		33. LAST GAMBOA		34. BIRTH STATE MEXICO	
35. NAME OF MOTHER/PARENT - FIRST CALISTRA		36. MIDDLE -		37. LAST (BIRTH NAME) MEDRANO		38. BIRTH STATE MEXICO	
39. DISPOSITION DATE mm/dd/yyyy 06/18/2014		40. PLACE OF FINAL DISPOSITION RES. MARICELA GARCIA 1112 SERINIDAD WAY, ARVIN, CA 93203					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER BRENDA LAFOSSE		43. LICENSE NUMBER EMB9240			
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARK & MORTUARIES		45. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		46. LICENSE NUMBER 97129		47. DATE mm/dd/yyyy 06/17/2014	
101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EVCOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1150 NORTH INDIAN CANYON DRIVE				106. CITY PALM SPRINGS	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death; DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) CARDIAC ARREST Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) RESPIRATORY ARREST (C) INTRACEREBRAL HEMORRHAGE (D) ISCHEMIC STROKE		Temp interval Between Onset and Death (A) IMMED. (B) MINS. (C) DAYS (D) DAYS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (yes, list type of operation and date) RIGHT INTRACRANIAL INTERNAL CAROTID ARTERY AND MIDDLE CEREBRAL ARTERY ANGIOPLASTY - 06/03/2014						114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER GLENN MARK FISCHBERG M.D.		116. LICENSE NUMBER 97129		117. DATE mm/dd/yyyy 06/16/2014	
(A) mm/dd/yyyy 06/09/2014		(B) mm/dd/yyyy 06/12/2014		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GLENN MARK FISCHBERG M.D. 1180 NORTH INDIAN CANYON DRIVE, SUITE W214, PALM SPRINGS, CA 92262			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED **Jul 2, 2014**

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Jose Gamboa _____ died on 6/12, 2014, in the County of Riverside, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

5. An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at Mecca CA 92254 & 98575 Surfside Ave Mecca CA 92254 known as parcel numbers 721252006 & 721252005.

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:

~~Maria Elida Young (cousin);~~ Maria Gamboa; Gabriela Gamboa; Alejandro Gamboa; Jesus Gamboa; Maricela Garcia; Erma Gonzales (all surviving ~~siblings~~ of Jose Gamboa)

8. The undersigned Children

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 7-24-21

Signed: _____

Jesus Gamboa

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Kern

Violeta Lopez
Notary Public

On JUL 24 2021 before me, _____
(insert name and title of the officer)

personally appeared Jesus Gamboa who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4801 Parcel Identification Number: 721252005

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4802 Parcel Identification Number: 721252006

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs: 98575 SURFSIDE AVE MECCA CA 92254

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREASURER-TAX COLLECTION

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Erma Gonzales hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 18 day of May 2021, and described as parcel number 721252006 & 721252005.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 99,502.00, and as a party of interest I am entitled to \$ up to \$99,502.00.

Dated this 26 day of JULY 2021 Irma Gamba Ornelas
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California

COUNTY OF KERN

Violeta Lopez
Notary Public

On JUL 26 2021 before me, _____ personally

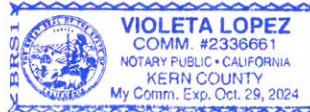
appeared Erma Gonzales, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]

Signature



(Seal)

DECLARATION

I, Assignor(s) Erma Gonzales Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 721252006 & 721252005 from the public auction of tax-defaulted property held on 18 day of May 2021, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 7-26-2021 Signature Irma Gamba Ornelas

Name (print) Irma Gamba Ornelas Address 93 E. Date Ave Apt #12

City/State/zip Code Porterville, CA 93257 Phone (559) 483-1524

RECORDING REQUESTED BY
 Jose Gamboa and Maria Elida Young

AND WHEN RECORDED MAIL DOCUMENT AND
 TAX STATEMENT TO:

NAME Jose Gamboa and Maria Elida Young

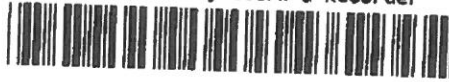
STREET PO BOX 623
 ADDRESS

CITY, STATE & Thermal
 ZIP CODE CA 92274

TITLE ORDER NO. _____

ESCROW NO. _____

DOC # 2014-0172492
 05/12/2014 03:50P Fee:18.00
 Page 1 of 2
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



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817

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

20.50

GRANT DEED

TRA: _____
 APN: 721-252-006-5 & 721252-005

The undersigned grantor(s) declare(s) 0.00
 DOCUMENTARY TRANSFER TAX \$ _____
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.
 Unincorporated Area City of _____

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) Jose Gamboa a un married man and Maria Elida Young, and Irma Gamboa Ornelas, a married woman's as their sole and separated property

(NAME OF GRANTOR(S))

hereby remise, release and grant to ***** JOSE GAMBOA and MARIA ELIDA YOUNG

(NAME OF GRANTEE(S))

the following described real property in the City of _____, County of RIVERSIDE,
 State of CALIFORNIA

(Insert Legal Description)

LOT 29 AND 30 OF TRACT 2337 AS PER MAPO RECORDED IN BOOK 43, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

Jose Gamboa
 JOSE GAMBOA

Irma Gamboa Ornelas
 MARIA ELIDA YOUNG

DATED: 03/20/2014

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE }

On 03/20/2014 before me, OSCAR BOLANOS "NOTARY PUBLIC" personally appeared
 (here insert name and title of the officer)

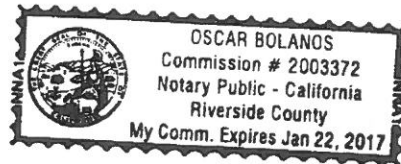
JOSE GAMBOA, AND IRMA GAMBOA ORNELAS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Oscar Bolanos (SEAL)



MAIL TAX STATEMENT AS DIRECTED ABOVE

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Riverside

On May 6, 2014 before me, Maria L. Olson, Notary Public
(Here insert name and title of the officer)

personally appeared maria Elida Young

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

M. Olson

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
<u>Grant Deed</u> <small>(Title or description of attached document)</small>
<small>(Title or description of attached document continued)</small>
Number of Pages <u>1</u> Document Date <u>3/20/14</u>
<small>(Additional information)</small>

CAPACITY CLAIMED BY THE SIGNER
<input type="checkbox"/> Individual (s)
<input type="checkbox"/> Corporate Officer
<small>(Title)</small>
<input checked="" type="checkbox"/> Partner(s)
<input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Trustee(s)
<input type="checkbox"/> Other



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014110917

CERTIFICATE OF DEATH

3201433006572

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT—FIRST (Given) JOSE		2. MIDDLE M.		3. LAST (Family) GAMBOA	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 09/29/1952		5. AGE Yrs 61		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY MEXICO		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) 00		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? If yes, see worksheet on back <input checked="" type="checkbox"/> YES MEXICAN		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <input type="checkbox"/> NO CAUCASIAN	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED LABORER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE			19. YEARS IN OCCUPATION 40
20. DECEDENT'S RESIDENCE (Street and number, or location) 98575 SURFSIDE AVENUE					
21. CITY NORTH SHORE		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92254	
24. YEARS IN COUNTY 20		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARICELA GARCIA, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1112 SERINIDAD WAY, ARVIN, CA 93203		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST MARTIN		32. MIDDLE -		33. LAST GAMBOA	
34. BIRTH STATE MEXICO		35. NAME OF MOTHER/PARENT—FIRST CALISTRA		36. MIDDLE -	
37. LAST (BIRTH NAME) MEDRANO		38. BIRTH STATE MEXICO			
39. DISPOSITION DATE mm/dd/yyyy 06/18/2014		40. PLACE OF FINAL DISPOSITION RES. MARICELA GARCIA 1112 SERINIDAD WAY, ARVIN, CA 93203			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER BRENDA LAFOSSE		43. LICENSE NUMBER EMB9240	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARK & MORTUARIES		45. LICENSE NUMBER -		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 06/17/2014					
101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER					
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1150 NORTH INDIAN CANYON DRIVE		106. CITY PALM SPRINGS	
107. CAUSE OF DEATH Enter the chain of events—disease, injury, or complication—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CARDIAC ARREST Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST (C) ISCHEMIC STROKE					
108. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER					
109. BPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127. If yes, list type of operation and date. RIGHT INTRACRANIAL INTERNAL CAROTID ARTERY AND MIDDLE CEREBRAL ARTERY ANGIOPLASTY - 06/03/2014					
113A. FEMALE: PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER GLENN MARK FISCHBERG M.D.		116. LICENSE NUMBER 06/16/2014	
(A) mm/dd/yyyy 06/09/2014		(B) mm/dd/yyyy 06/12/2014		117. DATE mm/dd/yyyy 06/16/2014	
118. I CERTIFY THAT MY OPINION OF DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy 06/12/2014					
121. INJURY DATE mm/dd/yyyy 06/12/2014					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, ZIP code)					
126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/yyyy		
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED **Jul 2, 2014**

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Jose Gamboa _____ died on 6/12, 2014, in the County of Riverside, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

5. An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at Mecca CA 92254 & 98575 Surfside Ave Mecca CA 92254 known as parcel numbers 721252006 & 721252005.

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:

~~Maria Elida Young (cousin)~~; Maria Gamboa; Gabriela Gamboa; Alejandro Gamboa; Jesus Gamboa; Maricela Garcia; Erma Gonzales (all surviving ~~siblings~~ children of Jose Gamboa)

8. The undersigned

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 7-26-2021

Signed:

Irma Gamboa Ornelas

~~Erma Gonzales~~ Irma Gamboa Ornelas

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Kern)

Violeta Lopez
Notary Public

On JUL 26 2021 before me, _____
(insert name and title of the officer)

personally appeared Irma Gramboa Ornelas who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____



(Seal)



CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4801 Parcel Identification Number: 721252005

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs:

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS-TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

If the property is held in Joint Tenancy, the tax sale process has severed this Joint Tenancy, and all Joint Tenants will have to sign the claim unless the claimant submits proof that he or she is entitled to the full amount of the claim, the claimant may only receive his or her respective portion of the claim.

I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
John Fox - Asset Recovery Inc
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

CLAIM FOR EXCESS PROCEEDS FROM THE SALE OF TAX-DEFAULTED PROPERTY

To: Matthew Jennings, Treasurer-Tax Collector

Re: Claim for Excess Proceeds

TC 217 ITEM 4802 Parcel Identification Number: 721252006

Assessee: GAMBOA, JOSE & YOUNG, MARIA ELIDA

Situs: 98575 SURFSIDE AVE MECCA CA 92254

Date Sold: May 18, 2021

Date Deed to Purchaser Recorded: July 28, 2021

Final Date to Submit Claim: July 28, 2022

RECEIVED
2022 JUN 16 AM 11:32
RIVERSIDE COUNTY
TREAS. TAX COLLECTOR

I/We, pursuant to Revenue and Taxation Code Section 4675, hereby claim excess proceeds in the amount of \$ 100% from the sale of the above mentioned real property. I/We were the lienholder(s), Assignee property owner(s) [check in one box] at the time of the sale of the property as is evidenced by Riverside County Recorder's Document No. _____; recorded on _____. A copy of this document is attached hereto. I/We are the rightful claimants by virtue of the attached assignment of interest. I/We have listed below and attached hereto each item of documentation supporting the claim submitted.

NOTE: YOUR CLAIM WILL NOT BE CONSIDERED UNLESS THE DOCUMENTATION IS ATTACHED.

Assignment of Interest

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I/We affirm under penalty of perjury that the foregoing is true and correct.

Executed this 11th day of June, 2022 at Denver, CO
County, State

[Signature]
Signature of Claimant

Signature of Claimant

John Fox - Managing Director
Print Name

Print Name

910 16th St. Suite 624
Street Address

Street Address

Denver, CO 80202
City, State, Zip

City, State, Zip

(303) 454-3707
Phone Number

Phone Number

TO: OFFICE OF THE COUNTY TREASURER AND TAX COLLECTOR

**ASSIGNMENT OF RIGHTS TO CLAIM EXCESS PROCEEDS FROM
SALE OF TAX-DEFAULTED PROPERTY**

For valuable consideration, the undersigned Assignor(s) Maricela Garcia hereby assigns to Assignee(s) Asset Recovery Inc., all rights, title and interest to collect 100 % of the excess proceeds which I am entitled to claim for the property which was sold at the Riverside County, California, public auction of tax-defaulted property, held on 18 day of May 2021, and described as parcel number 721252006 & 721252005.

As the Assignor(s), I understand the amount of the excess proceeds eligible for distribution is \$ 99,502.00, and as a party of interest I am entitled to \$ up to \$99,502.00.

Dated this 26 day of July 2021 Maricela Garcia
Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California

COUNTY OF Kern

Violeta Lopez
Notary Public

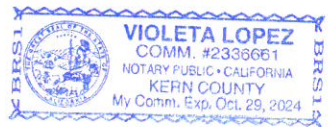
On JUL 26 2021 before me, _____ personally

appeared Maricela Garcia, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]
Signature



(Seal)

DECLARATION

I, Assignor(s) Maricela Garcia Declare the following to be true and correct with respect to my assignment of rights to claim excess proceeds to Assignee(s) Asset Recovery Inc for Parcel Number 721252006 & 721252005 from the public auction of tax-defaulted property held on 18 day of May 2021, in Riverside County, California.

We have been advised of our right to file a claim for excess proceeds on our behalf. The parties have disclosed all facts to each other that each is aware of regarding the value of the rights being assigned as required by California Revenue and Taxation Code, Section 4675.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date 07/26/2021 Signature Maricela Garcia

Name (print) Maricela Garcia Address 1112 Seninidad Way

City/State/zip Code Arvin CA 93223 Phone (661) 903-0737

RECORDING REQUESTED BY
 Jose Gamboa and Maria Elida Young

AND WHEN RECORDED MAIL DOCUMENT AND
 TAX STATEMENT TO:

NAME Jose Gamboa and Maria Elida Young

STREET PO BOX 623
 ADDRESS

CITY, STATE & Thermal
 ZIP CODE CA 92274

TITLE ORDER NO. _____
 ESCROW NO. _____

DOC # 2014-0172492
 05/12/2014 03:50P Fee:18.00
 Page 1 of 2
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



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SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

GRANT DEED

TRA: _____
 APN: 721-252-006-5 & 721252-005

The undersigned grantor(s) declare(s) 0.00
 DOCUMENTARY TRANSFER TAX \$ _____
 computed on full value of property conveyed, or
 computed on full value less liens and encumbrances remaining at time of sale.
 Unincorporated Area City of _____

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I (We) Jose Gamboa a un married man and Maria Elida Young, and Irma Gamboa Ornelas, a married woman's as their sole and separated property

(NAME OF GRANTOR(S))

hereby remise, release and grant to ***** JOSE GAMBOA and MARIA ELIDA YOUNG

(NAME OF GRANTEE(S))

the following described real property in the City of _____, County of RIVERSIDE, State of CALIFORNIA

(Insert Legal Description)
 LOT 29 AND 30 OF TRACT 2337 AS PER MAPO RECORDED IN BOOK 43, OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF RIVERSIDE COUNTY.

Jose Gamboa
 JOSE GAMBOA

DATED: 03/20/2014

Irma Gamboa Ornelas
MARIA ELIDA YOUNG
 MARIA ELIDA YOUNG

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE }

On 03/20/2014 before me, OSCAR BOLANOS "NOTARY PUBLIC" personally appeared
 (here insert name and title of the officer)

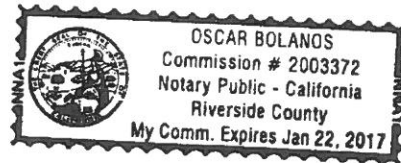
JOSE GAMBOA, AND IRMA GAMBOA ORNELAS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Oscar Bolanos (SEAL)



MAIL TAX STATEMENT AS DIRECTED ABOVE

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Riverside

On May 6, 2014 before me, Maria L. Olson, Notary Public

(Here insert name and title of the officer)

personally appeared maria Elida Young

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

M. Olson

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Grant Deed

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 3/20/14

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other



2014-0172492
85/12/2014 03:58P
2 of 2

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052014110917

CERTIFICATE OF DEATH

3201433006572

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 2/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JOSE		2. MIDDLE M.		3. LAST (Family) GAMBOA		
	AKA, ALSO KNOWN AS - Include (if AKA, FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/29/1952		5. AGE Yrs. 61		6. SEX M
	9. BIRTH STATE/FOREIGN COUNTRY MEXICO		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) DIVORCED
	13. EDUCATION - Highest Level/Degree (see worksheet on back) 00		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. DATE OF DEATH mm/dd/yyyy 06/12/2014
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LABORER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE				19. YEARS IN OCCUPATION 40	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 98575 SURFSIDE AVENUE						
	21. CITY NORTH SHORE		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92254		24. YEARS IN COUNTY 20
	25. STATE/FOREIGN COUNTRY CA						
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP MARICELA GARCIA, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1112 SERINIDAD WAY, ARVIN, CA 93203			
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -		
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST MARTIN		32. MIDDLE -		33. LAST GAMBOA		34. BIRTH STATE MEXICO
	35. NAME OF MOTHER/PARENT - FIRST CALISTRA		36. MIDDLE -		37. LAST (BIRTH NAME) MEDRANO		38. BIRTH STATE MEXICO
	39. DISPOSITION DATE mm/dd/yyyy 06/18/2014		40. PLACE OF FINAL DISPOSITION RES. MARICELA GARCIA 1112 SERINIDAD WAY, ARVIN, CA 93203				
FUNERAL DIRECTORY / LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER BRENDA LAFOSSE		43. LICENSE NUMBER EMB9240		
	44. NAME OF FUNERAL ESTABLISHMENT / MORTUARIES FOREST LAWN MEMORIAL-PARK & MORTUARIES		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		47. DATE mm/dd/yyyy 06/17/2014
	101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> E/VOF <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
PLACE OF DEATH	104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1150 NORTH INDIAN CANYON DRIVE			106. CITY PALM SPRINGS	
	107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST		108. DEATH REPORTED TO CORONER (Referral Number) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IMMED.		
	SEQUENTIALLY list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) RESPIRATORY ARREST		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MINS.		
	(C) INTRACEREBRAL HEMORRHAGE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DAYS		
	(D) ISCHEMIC STROKE		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DAYS		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, see type of operation and date) RIGHT INTRACRANIAL INTERNAL CAROTID ARTERY AND MIDDLE CEREBRAL ARTERY ANGIOPLASTY - 06/03/2014							
PHYSICIAN'S CERTIFICATION	114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: 06/09/2014 Decedent Last Seen Alive: 06/12/2014		115. SIGNATURE AND TITLE OF CERTIFIER GLENN MARK FISCHBERG M.D.		116. LICENSE NUMBER		117. DATE mm/dd/yyyy 06/16/2014
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GLENN MARK FISCHBERG M.D. 1180 NORTH INDIAN CANYON DRIVE, SUITE W214, PALM SPRINGS, CA 92262		119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
	121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)				
CORONER'S USE ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)						
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)						
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)						
	126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

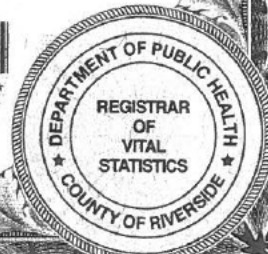
STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED **Jul 2, 2014**

Cameron Kaiser
Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



Affidavit for Collection of Personal Property
California Probate Code Section 13100

The undersigned state(s) as follows:

1. Jose Gamboa _____ died on 6/12, 2014, in the County of Riverside, State of California.

2. At least 40 days have elapsed since the death of the decedent, as shown in a certified copy of the decedent's death certificate attached to this affidavit or declaration.

3. No proceeding is now being or has been conducted in California for administration of the decedent's estate.

OR

The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant or declarant of the property described in the affidavit or declaration.

4. The current gross fair market value of the decedent's real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred fifty thousand dollars (\$150,000).

5. An inventory and appraisal of the real property included in the decedent's estate is attached.

There is no real property in the estate.

6. The following property to be transferred, delivered, or paid to the affiant under the provisions of California Probate Code section 13100:

Excess proceeds resulting from tax sale of property located at Mecca CA 92254 & 98575 Surfside Ave Mecca CA 92254 known as parcel numbers 721252006 & 721252005.

7. The successor(s) of the decedent, as defined in Probate Code Section 13006 is/are:

~~Maria Elida Young (cousin);~~ Maria Gamboa; Gabriela Gamboa; Alejandro Gamboa; Jesus Gamboa; Maricela Garcia; Erma Gonzales (all surviving ~~siblings~~ of Jose Gamboa)

8. The undersigned Children

The affiant or declarant is the successor of the decedent (as defined in Section 13006 of the California Probate Code) to the decedent's interest in the described property.

The affiant or declarant is authorized under Section 13051 of the California Probate Code to act on behalf of the successor of the decedent (as defined in Section 13006 of the California Probate Code) with respect to the decedent's interest in the described property.

9. No other person has a superior right to the interest of the decedent in the described property.

10. The affiant or declarant requests that the described property be paid, delivered, or transferred to the affiant or declarant.

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 07/26/2021

Signed: Maricela Garcia

Maricela Garcia

ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Kern

Violeta Lopez
Notary Public

On JUL 26 2021 before me, _____
(insert name and title of the officer)

personally appeared Maricela Garcia who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is
true and correct.

WITNESS my hand and official seal.

Signature  (Seal)

